Attachment 3e

Nonresponse Survey Item

Form Approved
OMB No. 0920-XXXX
Exp. Date xx/xx/20xx

Public reporting burden of this collection of information is estimated to be 2 minutes. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Please consider answering *one question* about why you were not able to participate in the survey so that we can improve future surveys.

1. Please indicate why you were not able to participate in the survey [select all that apply]
    - o I have no time/too busy
    - o The survey is too long
    - o The information asked about in the survey is too difficult to retrieve
    - o I am concerned that data from my program will not be kept confidential
    - o None of the options for completing the survey were convenient for me
    - o Our program has already completed similar survey(s)
        - Please specify name of similar survey(s)

    Other, please specify:_____

Thank you for your time!